The BEAT
THE NEWSLETTER OF THE DEFENSE HEALTH INFORMATION MANAGEMENT SYSTEM

IN THIS ISSUE

USS Oak Hill Uses New Solution to Document Patient Care

Thanks to the installation of the Theater Medical Information Program Block 2 Release 1 software, the health care team onboard amphibious dock landing ship USS Oak Hill (LSD 51) can document sailors' and Marine Corps personnel's care in the most austere environments. DHIMS staff members recently toured the ship at her homeport in Norfolk, Va., to gain a better understanding of the system's capabilities and its impact on USS Oak Hill's occupants.

The TMIP B2R1 capabilities help USS Oak Hill's medical team close the gap in patient data recording in low- and no-communications settings in the Theater of Operations. In this type of environment, the software's store-and-forward capability allows clinicians to accurately document and store patients' health care data until communications are available. The stored data integrates into each service member's longitudinal electronic health record to allow providers to view, track and manage patients as they move through each echelon of care from the battlefield to the home front and on to the Department of Veterans Affairs for follow-on care.

USS Oak Hill averages approximately 40 patient encounters per month. The ship's 10-person clinical staff works 'round the clock to provide health care services to the more than 300 sailors assigned onboard. Additionally, as an amphibious dock landing ship, USS Oak Hill's mission includes transporting and launching amphibious vehicles and supporting embarked Marine Corps personnel, which can surge the ship's passenger and crew size to approximately 900.

98 percent of USS Oak Hill's staff was fully ready for worldwide deployment, exceeding the Navy's 90 percent readiness goal.

USS Oak Hill's health care team supports the medical readiness of each service member onboard with the military's multi-user medical support application. The application, the Shipboard Non-tactical Automated Data Processing Automated Medical System or SAMS, is included in TMIP B2R1, allowing the ship's clinical staff to monitor the medical environment and health of personnel who live and work on the ship and keep the service members onboard healthy and medically fit for deployment. At the time of the DHIMS staff tour, 98 percent of Oak Hill's onboard staff was fully ready for worldwide deployment, significantly exceeding the Navy's 90 percent readiness goal.

The BEAT staff writer Kate Zanoni contributed to this article.

About *The BEAT*

Program Manager
Army Col. DaCosta Barrow

Deputy Program Manager
Army Lt. Col. (P) Aaron Silver

Managing Editor
Saunsurae Robinson

Contributing Writers
Cori Hughes
Cindy Nell
Allison Wright
Kate Zanoni

DHIMS Program Office
5109 Leesburg Pike, Suite 100
Falls Church, VA 22041

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Subscribe to *The BEAT*, via e-mail at dhims_thebeat@listserver.tma.osd.mil.

Reach the Staff
Phone: 703-998-6900
Fax: 703-379-0604

Message from the PM

Army Col. DaCosta Barrow, DHIMS Program Manager

We've wrapped up another successful fiscal year at DHIMS. We've achieved several milestones, focusing on integration, enhanced capabilities and improved performance for our current electronic health record. Going forward, our goal is to continue to enhance our users' experience and "go back to the basics." We want our users to not only benefit from improved EHR capabilities, but also from improved education and awareness programs and quality products.

As I stated in the July issue of *The BEAT*, DHIMS will take the "show on the road." Beginning in December 2010, DHIMS will visit multiple Military Treatment Facilities to respond to our customers' EHR education and awareness needs, which include demonstrating our systems' current and future capabilities. Our focus is to increase user adoption and understanding, so it's our goal to work with each MTF to address individual needs. This, however, is only one of our planned initiatives for transparency and quality products. DHIMS' training team works daily to improve current education practices and contributes to our goal of increased user adoption through the distribution of educational plans and materials to assist in new product implementation.

In this issue of *The BEAT*, you'll read about DHIMS team members who are actively involved in producing quality products for our stakeholders. We visited the USS Oak Hill after the recent install of the Theater Medical Information Program Block 2 software onboard. The Neurocognitive Assessment Tool, another Presidential initiative, addresses care for America's returning Wounded Warriors. When deployed, NCAT will provide enterprise-wide enhancements to pre- and post-event Traumatic Brain Injury screenings allowing for better-informed health care management decisions.

Our DHIMS team members also took some time to talk with Dr. Robert Walker, Chief Medical Information Officer, European Regional Medical Command. In his Q&A, he explains the U.S. Army's use of the MEDCOM AHLTA Provider Satisfaction (MAPS) application, which combines commercial software with customized training to help providers use AHLTA to its fullest capabilities.

DHIMS extends congratulations to United States Public Health Service Lt. Cmdr. Allen Magtibay, who recently received the 2010 Rear Admiral Jerrold M. Michael Fellowship award. You can learn more about his achievement and other DHIMS team activities in our new "Around the Globe" section.

I appreciate your continued support for the DHIMS program office and the military's electronic health record. Working together with our customers and stakeholders, we will continue to produce and deliver quality products, ensuring comprehensive health care documentation for our service men and women and their beneficiaries. Please enjoy reading this issue of *The BEAT*.

Here to serve,
Army Col. DaCosta Barrow

Addressing the Call for a New TBI Evaluation Tool

Over the past several years, the media and scientific communities have scrutinized the effectiveness of Traumatic Brain Injury testing for our service men and women.

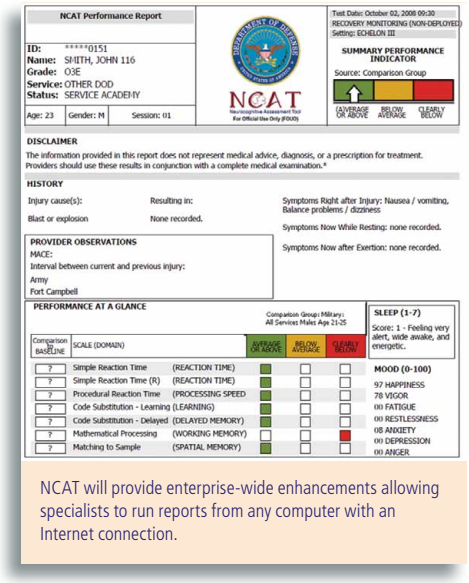
In July 2007, the President's Commission on Care for America's Returning Wounded Warriors made recommendations for improvement, which they believed would produce a patient-centered system fostering high-quality care to injured service members and veterans.

The Department of Defense directed each service member to complete the U.S. Army's Automated Neuropsychological Assessment Metrics in July 2008, within 12 months of deployment, to help better identify and diagnose those suffering from TBI.

The Defense Health Information Management System kicked off efforts to address deficiencies within the legacy ANAM in October 2008, by developing the enterprise-wide Neurocognitive Assessment Tool.

Under the direction of U.S. Public Health Service Lt. Cmdr. Allen Magtibay, the NCAT product team with a vendor partner began delivery of an enhanced Web-based application for baseline and post-event TBI screening in the Theater of Operations and on the home front.

"DHIMS received approval to place NCAT into production on July 30, 2010. We began working with the Defense Information Systems Agency in Montgomery, Ala., to upload the application to the data center where it will be housed," said Magtibay.


NCAT Performance Report

ID: *****0151
Name: SMITH, JOHN 116
Grade: O3E
Service: OTHER DOD
Status: SERVICE ACADEMY
Age: 23 | Gender: M | Session: 01

NCAT

Test Date: October 02, 2008 09:30
RECOVERY MONITORING (NON-DEPLOYED)
Setting: ECHELON III

SUMMARY PERFORMANCE INDICATOR
Source: Comparison Group
(AVERAGE OR ABOVE) | BELOW AVERAGE | CLEARLY BELOW

DISCLAIMER
The information provided in this report does not represent medical advice, diagnosis, or a prescription for treatment. Providers should use these results in conjunction with a complete medical examination.*

HISTORY
Injury cause(s): Blast or explosion
Resulting in: None recorded.
Symptoms Right after Injury: Nausea / vomiting, Balance problems / dizziness
Symptoms Now While Resting: none recorded.
Symptoms Now after Exertion: none recorded.

PROVIDER OBSERVATIONS
MACE:
Interval between current and previous injury:
Army
Fort Campbell

PERFORMANCE AT A GLANCE
Comparison Group: Military: All Services Males Age 21-25

Comparison BASELINE	SCALE (DOMAIN)		AVERAGE OR ABOVE	BELOW AVERAGE	CLEARLY BELOW
?	Simple Reaction Time	(REACTION TIME)	■		
?	Simple Reaction Time (R)	(REACTION TIME)	■		
?	Procedural Reaction Time	(PROCESSING SPEED	■		
?	Code Substitution - Learning	(LEARNING)	■		
?	Code Substitution - Delayed	(DELAYED MEMORY)	■		
?	Mathematical Processing	(WORKING MEMORY)			■
?	Matching to Sample	(SPATIAL MEMORY)	■		

SLEEP (1-7)
Score: 1 - Feeling very alert, wide awake, and energetic.

MOOD (0-100)
97 HAPPINESS
78 VIGOR
00 FATIGUE
00 RESTLESSNESS
08 ANXIETY
00 DEPRESSION
00 ANGER

NCAT will provide enterprise-wide enhancements allowing specialists to run reports from any computer with an Internet connection.

NCAT, when fully deployed, will provide enterprise-wide enhancements, such as an associated backend database allowing specialists to run ad-hoc reports at the unit, service and enterprise levels from any computer with an Internet connection. One main challenge facing behavioral health specialists using the legacy ANAM application is that they must request reports by calling a 1-800 number. The Army uploads test results to Army Knowledge Online, which presents a problem to service specialists who do not have AKO access.

"The next step is to conduct System Qualification Testing," said Magtibay. "DHIMS will invite behavioral specialists to come to the Washington, D.C. area to test the NCAT software."

Following the System Testing, DHIMS will conduct Limited User Tests at two Army, Navy and Air Force beta sites. DHIMS expects to receive approval for full and open deployment in calendar year 2011 after successfully completing the limited user testing.

The enterprise-wide NCAT solution not only addresses the President's Commission recommendations for wounded warrior care, but it also ties into the DOD/VA Joint Strategic Plan objective to make data viewable to the Department of Veterans Affairs by December 2011.

The BEAT staff writer Saunsurae Robinson contributed to this article.

DHIMS EVENT UPDATE

Visit DHIMS at the following conferences:

AMSUS Conference
Phoenix, AZ,
November 1–3

Interservice/Industry Training, Simulation and Education Conference
Orlando, FL,
November 29–December 3

Military Health System Conference
National Harbor, MD,
January 24–27, 2011

Q&A: Navigating MAPS

In 2009, the U.S. Army Medical Department implemented an innovative program that provides several new provider-proven tools to help increase the accuracy and speed of documenting patient encounters using AHLTA. The Medical Command AHLTA Provider Satisfaction program, better known as MAPS, combines commercial software with customized training to help providers utilize AHLTA to its fullest capabilities.

In a recent interview with Dr. Robert Walker, Chief Medical Informatics Officer of the European Regional Medical Command and Chief of Executive Medicine for the Army, we inquired about the success of the MAPS program and how implementing the MAPS tools has made a profound difference in the AMEDD's clinical practice and quality of care.

Since 2009, more than 5,000 providers have been trained on the suite of MAPS tools.

What is the goal and vision of MAPS and how has it improved the way providers capture patient documentation in AHLTA?

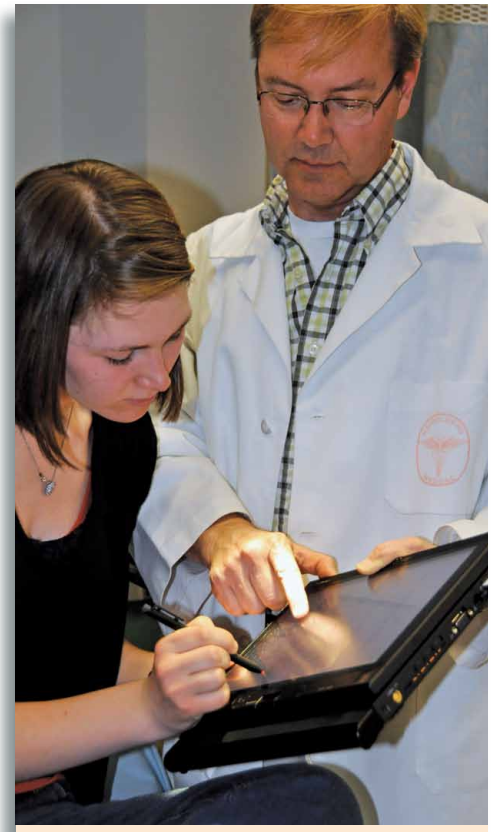
Walker: The vision of MAPS today is to capture and record our patients' stories in meaningful ways and to give back control of the medical record to providers *and* patients. Our goals over the next two to three years for MAPS are to change the way we think about using technology in the exam room or in the surgical suite by examining and redesigning clinical workflow, engaging the entire clinical staff in supporting "team documentation" of the encounter and leveraging clinical technologies to better engage and educate our patients on managing their own health care needs.

Based on provider feedback, what is the overall impact of the MAPS tools on the quality of patient documentation?

Walker: Surveys of providers who have completed MAPS training and are using the tools in their clinics on a daily basis, show that MAPS has a significant impact on providers' views of the quality of their clinical notes. A provider using the MAPS tools is 69 percent more likely to say they are satisfied or very satisfied with the quality of their clinical note compared to a provider who is not using the tools. Additionally, those same providers using the MAPS tools are 92 percent more likely to say they are satisfied or very satisfied with the time it takes to document an encounter.

How does MAPS improve quality and consistency of care within the context of an ever-changing clinical workflow?

Walker: In the last nine months, MAPS has evolved into a complete clinic transformation program through the development of MAPS 2.0: a targeted, four-week long initiative that embeds Clinical Systems Trainers and Clinical Workflow Analysts in a single clinic to train the entire clinical team on the integration of the MAPS tools into workflow processes. These intensive efforts have been the catalyst for full clinic transformation, providing a new cultural and informatics focus on continuous improvement to increase productivity and satisfaction at the point of care. This program has dramatically changed how we plan, integrate, sustain and optimize technology in the clinical space.



Walker utilizes Tablet PC, a MAPS tool that allows wireless mobility to document patient records anywhere in the clinic.

Army medical clinicians interested in joining the MAPS Community should contact your local AHLTA trainer or Clinical Champion. **Download the MAPS brochure**.

For more information, please contact DHIMS Communications at **DHIMSCommTeam@tma.osd.mil** or via fax 703-379-0604.

The BEAT staff writer Cindy Nell contributed to this article.

Around the Globe

DHIMS Staff Member Joins USNS Mercy Humanitarian Mission

United States Public Health Service Cmdr. Jenny Doan, DHIMS Product Manager, Ancillaries, recently returned from an overseas mission trip aboard USNS Mercy (T-AH 19), one of the Navy's two hospital ships. Doan joined personnel from the U.S. military, allied forces and non-governmental organizations onboard USNS Mercy to support the Pacific Partnership 2010 mission focusing on better preparing the international community for a coordinated rapid response to natural disasters.

USNS Mercy visited four nations during the ship's five-month deployment: Vietnam, Cambodia, Indonesia and Timor-Leste. At each destination, military and civilian specialists delivered valuable medical, dental, optometry, preventive medicine, engineering and veterinary services based on the specific needs of each nation. The teams performed mobile medical treatments and surgical procedures onboard the hospital ship. They also provided humanitarian assistance at local rural sites within each country. Doan spent five weeks onboard USNS Mercy serving as the community health nurse, working closely with local public health personnel from the host and partner nations to promote public health and outreach activities.

"It was exciting to participate in the collaboration effort with host nations and our allies to build capacities that will improve international response in times of disaster," Doan said.

United States Public Health Service Cmdr. Jenny Doan visits an orphanage on the Indonesian island of Ambon.

28th Ship Installs TMIP Block 2 Release 1 Software

USS Antietam (CG 54) is the 28th Navy ship to install the Theater Medical Information Program Block 2 Release 1 software onboard, allowing health care providers to document care and store medical data for deployed service members. New capabilities under the release include Alternate Input Methods forms, Military Acute Concussion Evaluation forms, off-line demographic verification, updated MEDCIN codes and drug-drug/drug-allergy interaction screening.

USS Antietam is a Ticonderoga class guided missile cruiser named for the 1862 Battle of Antietam, Maryland, between Confederate forces under General Robert E. Lee and Union forces under Major General George McClellan. With her guided missiles and rapid-fire guns, she is capable of facing and defeating threats in the air, on the sea, on the shore and beneath the sea. She also carries two Sikorsky SH-60 Seahawk LAMPS helicopters, capable of multiple missions, but is primarily equipped for anti-submarine warfare. USS Antietam operates out of her homeport in San Diego.

USS Antietam (CG 54) is the 28th Navy ship to install TMIP B2 R1 onboard.

DHIMS Around the Globe—continued

DHIMS' Magtibay Receives Prestigious Fellowship Award

DHIMS extends congratulations to United States Public Health Service Lt. Cmdr. Allen Magtibay, who recently received the 2010 Rear Admiral Jerrold M. Michael Fellowship award. Magtibay serves as DHIMS' Product Line Manager for the Neurocognitive Assessment Tool and Traumatic Brain Injury/Behavioral Health. The Public Health Service Commissioned Officers Foundation selected Magtibay for the award, allowing him to obtain a graduate certificate in Global Health at the University of Maryland, College Park School of Public Health. The fellowship is comprised of four graduate-level courses over a 10-month period. Magtibay competed against more than 2,000 Public Health Service officers in the Washington, D.C. area and was one of two officers selected.

United States Public Health Service Lt. Cmdr. Allen Magtibay

The Rear Admiral Jerrold M. Michael Fellowship provides financial assistance to officers of the Public Health Service Commissioned Corps pursuing advanced degrees. Michael served in the USPHS for more than 20 years and finished his career in academia. He dedicated years of tireless effort toward improving public health education.

Become a fan of DHIMS on Facebook!

DHIMS Exhibits at Force Health Protection Conference

DHIMS exhibited at the 13th Annual Force Health Protection Conference, Aug. 10–11 in Phoenix. The DHIMS Training Team showcased the capabilities of AHLTA 3.3, AHLTA-Mobile, AHLTA-Theater, Theater Medical Data Store, Joint Medical Workstation and the Neurocognitive Assessment Tool.

The U.S. Army Center for Health Promotion and Preventive Medicine hosted this year's event, themed "Military Preventive Medicine and Public Health." The conference provided tools to anticipate, recognize, evaluate and counter occupational and environmental health and disease threats to health, fitness and readiness for personnel providing Army public support to soldiers both in Garrison and the Theater of Operations. Conference attendees include representatives from DOD, other U.S. government agencies, academia, industry partners and allied nations.

DHIMS staff members pose for a candid moment with Deputy Program Manager, Army Lt. Col. (P) Aaron Silver.

DHIMS Visits Germany

DHIMS' Program Manager, Army Col. DaCosta Barrow and other DHIMS staff members traveled to Germany during the first week of September. They met with the commanding generals at Landstuhl Regional Medical Center for a user and provider assessment of AHLTA 3.3 improvements, Essentris® and general impressions of the electronic health record. The trip brought insight into the comments and concerns from the field and leadership gained a better understanding of meeting the needs of the end users.

The team also discussed the interoperability of lab results from the Composite Health Care System, to the AHLTA 3.3 system, to TC2, the Theater inpatient system. The knowledge gained from all three trips helps ensure DHIMS successfully achieves the vision of creating the premier global electronic health record.

The BEAT staff writer Allison Wright contributed to this article.

DHIMS gains valuable feedback from end users at LRMC.

AHLTA Tips & Tricks

Using Default Template to Manage Favorites in AHLTA 3.3

In AHLTA, there has always been two different ways to make commonly used entries in the Assessment and Plan module easy to find. Prior to AHLTA 3.3, using the "Favorites" list was the easiest method. With AHLTA 3.3, however, it is much easier to use your "Default Template" to store the information you want to find quickly. Here's how!

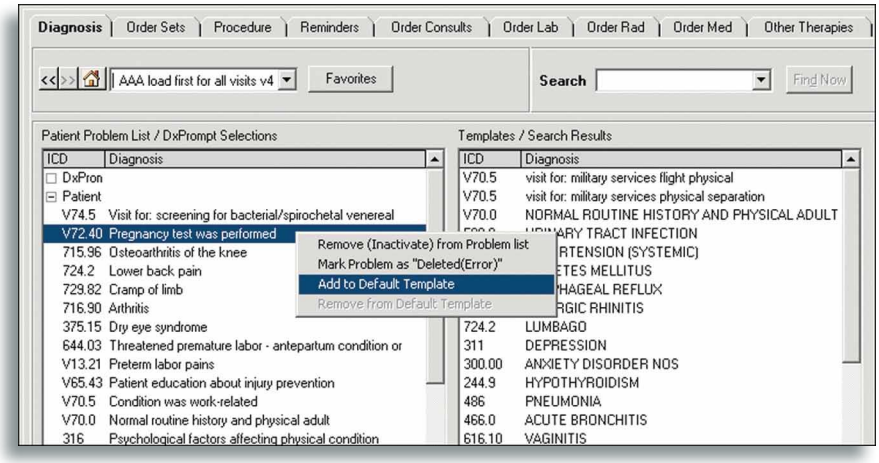
In the A/P module, you can right-click on any term you see on the "Diagnosis," "Order Sets," "Procedure" or "Other Therapies" tab. From the right-click menu, choose "Add to Default Template." It's that simple.

If you added something you rarely use and would like to get rid of, right-click on that item in the "Templates/Search Results" window and choose "Remove from Default Template." This is much easier than removing items from your "Favorites" list.

If you are worried about how to re-load your default template after switching to another one, it's only a single click away. Just click the "Home" icon to the left of the template drop-down list, which will bring your default template back up for you to use.

Adding and deleting items from your default template in the "Assessment and Plan" module is a great time saver. If you frequently search for the same items, right-click, add it to your default, and you'll never be more than a single click away again!

Senior Clinical System Specialist, James Abbott, MD contributed to this article.



COUNTDOWN TO EHR TODAY ROAD SHOW

DHIMS takes its show on the road in an effort to educate system users on the latest capabilities, initiatives and recent successes of the DOD's current electronic health record. The EHR Today Road Show kicks off to select Military Treatment Facilities starting in December 2010.

If you are interested in a one-day event at your local MTF, e-mail EHROpenHouse@tma.osd.mil for more information.

The BEAT **is now available online. Read the latest version, download a print copy, or view a video highlight of the Cover Story at http://dhims.health.mil/newsletter.**